

**UTAH ACCIDENT & HEALTH INSURANCE
GROUP QUESTIONNAIRE**

INSURER NAME _____ **NAIC #** _____

Pursuant to 31A-22-701, group marketing is limited to the stated group types in 31A-22-502 through 507 and 701(2). This completed form must be included with all group filings.

_____ **EMPLOYER-EMPLOYEE.** Do the groups meet all requirements of 31A-22-502? Yes _____ No _____
If filing will used for a single employer, provide the employer name: _____

_____ **LABOR UNION.** Does the group meet all requirements of 31A-22-503? Yes _____ No _____

_____ **TRUST.** Does the group meet all requirements of 31A-22-504? Yes _____ No _____
Policyholder name _____
Premiums are paid to the insurer by the policyholder _____ or the individual _____
Trust name _____ Domicile _____
Date trust formed _____ By whom _____
Trustee name _____
Trust administrator name _____
Function of the trust _____

_____ **ASSOCIATION.** Does the group meet all requirements of 31A-22-505? Yes _____ No _____
Association name _____ Policyholder name _____
Purpose of the association _____
Date formed _____ By whom _____
Qualifications and benefits for membership _____
Premiums are paid to the insurer by the policyholder _____ or the individual _____
Is a trust involved? Yes _____ No _____ Date trust formed _____ By whom _____
Trustee name _____
Administrator name _____

_____ **CREDITOR.** Does the group meet all requirements of 31A-22-506? Yes _____ No _____

_____ **CREDIT UNION.** Does the group meet all requirements of 31A-22-507? Yes _____ No _____

_____ **BLANKET.** Does the group meet all requirements of 31A-22-701(2)? Yes _____ No _____
Define the group as allowed under 31A-22-701(2)(a) through (i). _____
Enrollment. Mandatory _____ Opt out waiver _____ Voluntary _____

All other groups are considered discretionary groups and pursuant to 31A-22-701(1)(c), prior authorization must be granted. For information required to obtain authorization contact Mr. Troy Stover at (801) 538-3404 or tstover@utah.gov. If authorization has been granted, a copy of the authorization letter must be included with the filing.

MARKETING and ADMINISTRATION

Will the product be marketed directly to an individual? Yes _____ No _____

Will the product be marketed to small employers? Yes _____ No _____

Is a third party administrator involved? Yes _____ No _____ If yes:

Third Party Administrator: _____ Utah License #: _____

I HEREBY CERTIFY that I have reviewed the above. Responses are correct and in compliance with all applicable provisions of Utah laws and rules. Filings with incomplete questionnaires will be rejected.

Print Name

Title

Original Signature

Date

If you have questions contact Mr. Troy Stover at (801) 538-3404 or tstover@utah.gov.